



HEALTH e NATION

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THE CURRENT STATE OF PLAY





AGED CARE SYSTEM

- ONE LEVEL OF GOVERNMENT
- ONE POLICY FRAMEWORK
- ONE FUNDING STREAM



AGED CARE INDUSTRY PROFILE

- \$7B EXPENDITURE
- 156,000 OPERATIONAL PLACES
- 35,000 CACPs EACHs
- 165,000 EMPLOYEES



AGED CARE INDUSTRY PROFILE

- 9TH LARGEST EMPLOYER IN AUSTRALIA
- 55 MILLION ACTIVITIES OF CARE PER ANNUM
- 55,000 ADMISSIONS PER YEAR



Projections of Australia's Aged Care Population: 1996-97 to 2030-31

—◆— Aged 80+ —■— Aged 65+

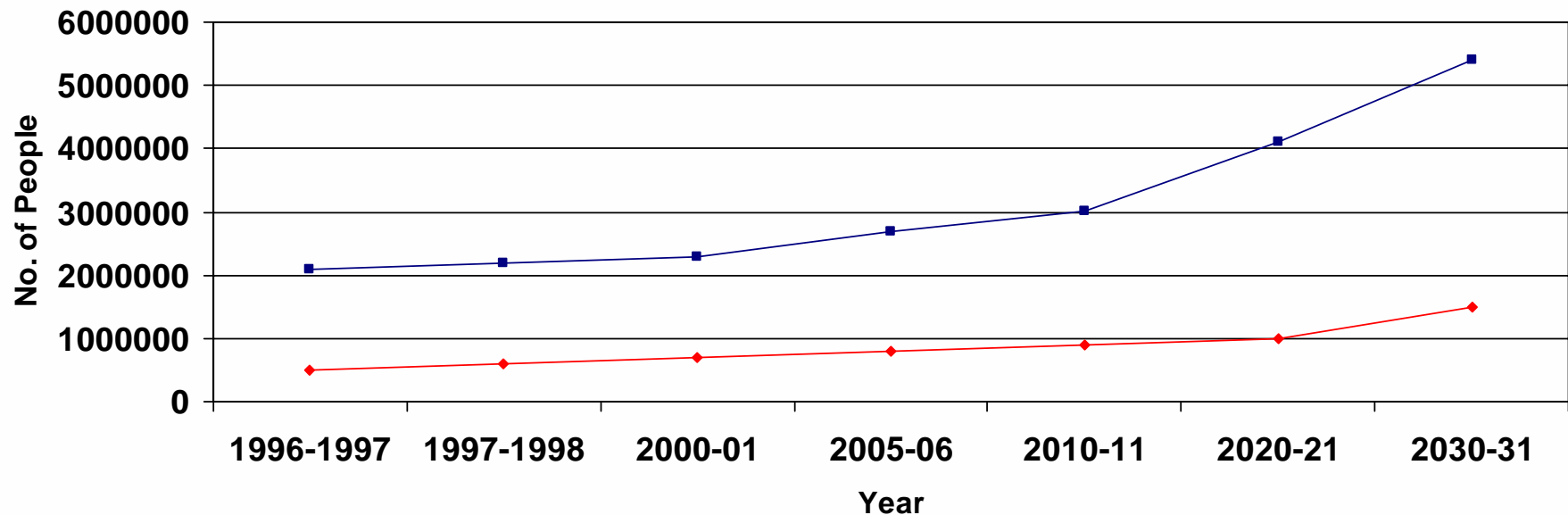
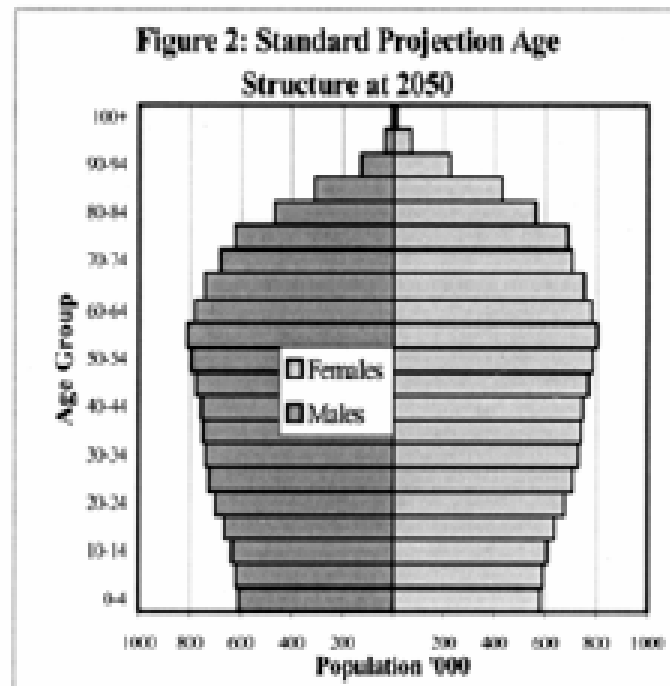
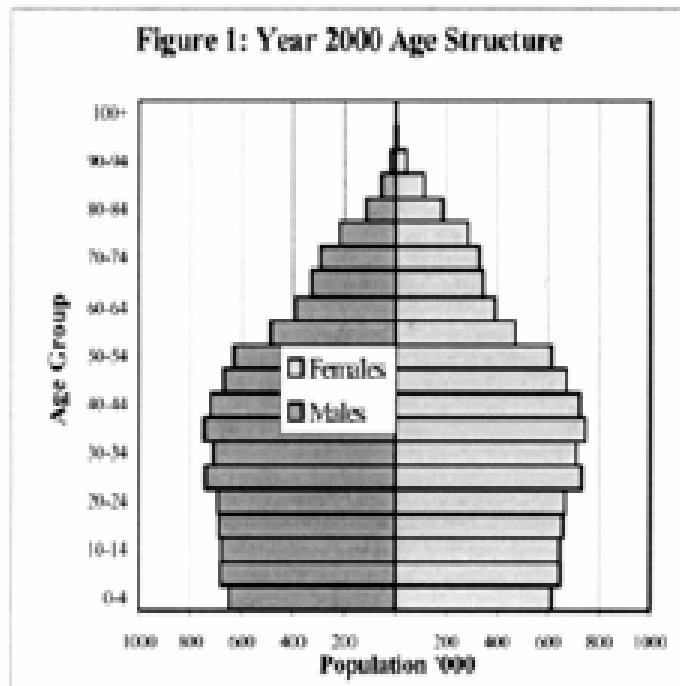


Figure 1.1: Australia's Population by Age Groups, 2000 and 2050



Source: Department of Employment and Workplace Relations, submission 164.

Figure 1.2. The correlation between total long-term care spending and the population share of the very elderly, 2000

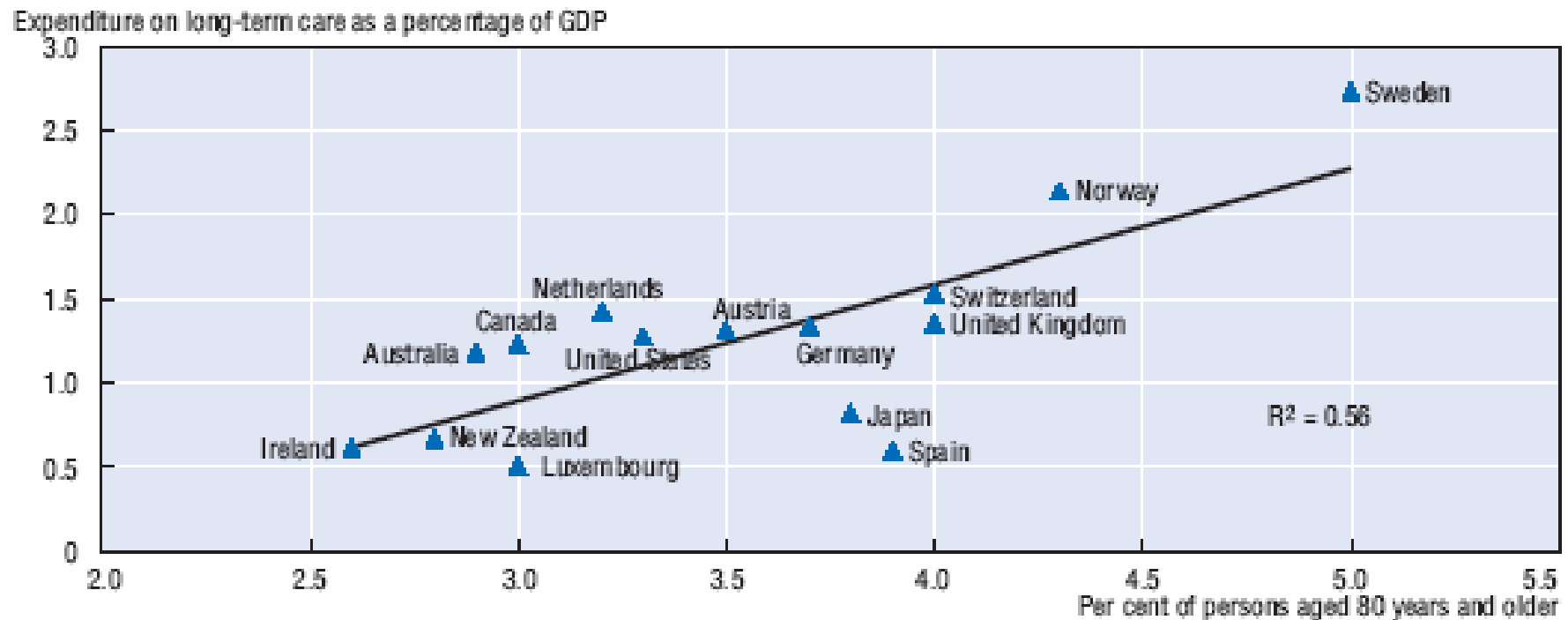
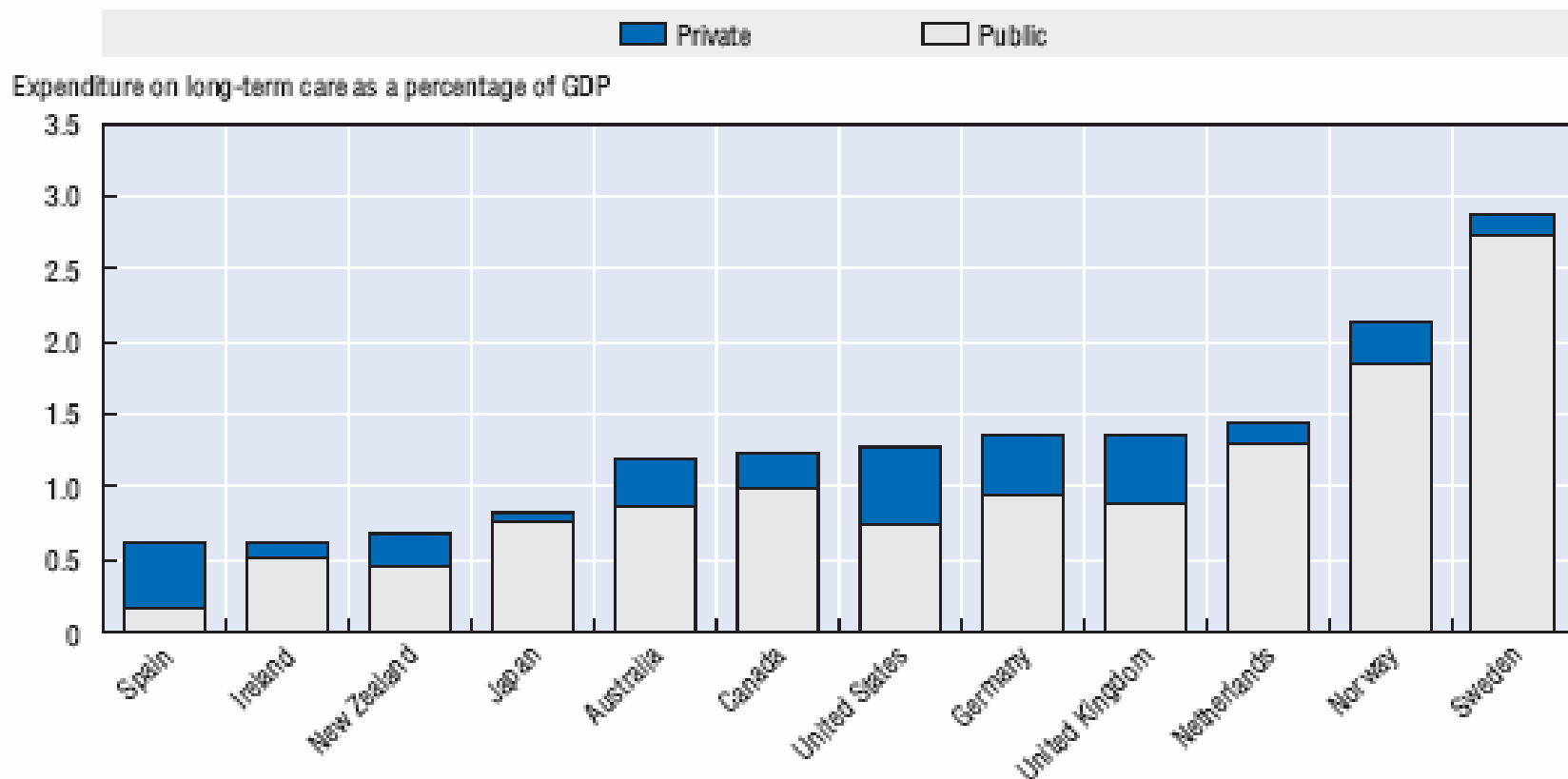
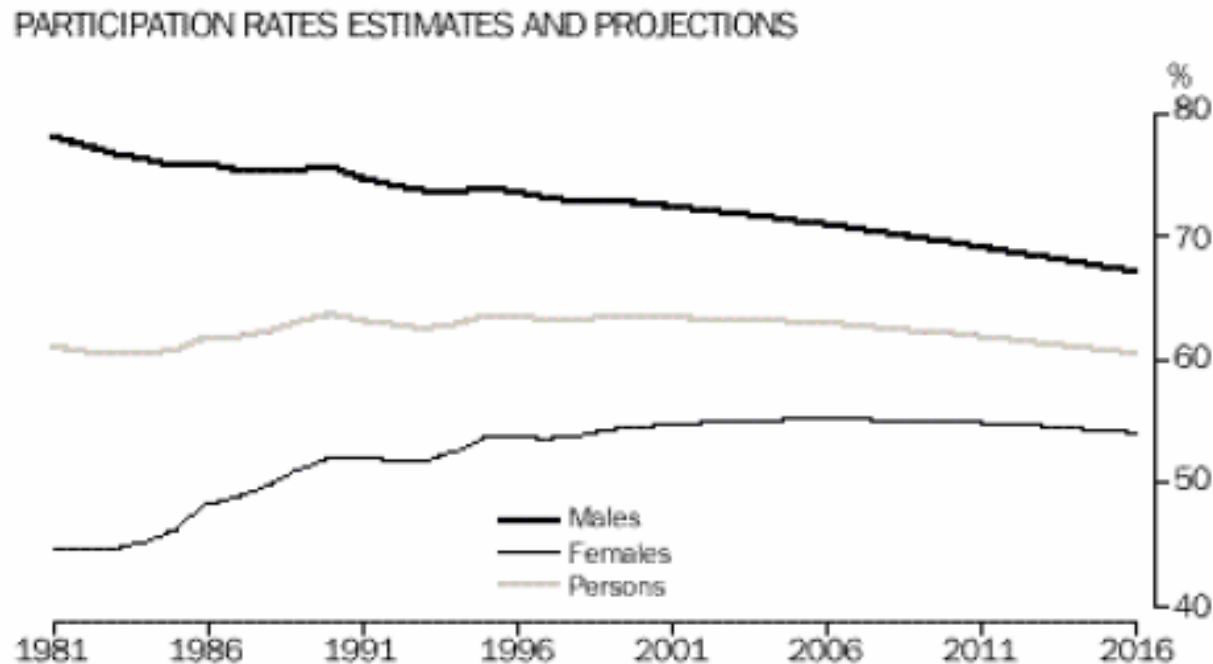


Figure 1.1. Public and private expenditure on long-term care as a percentage of GDP, 2000

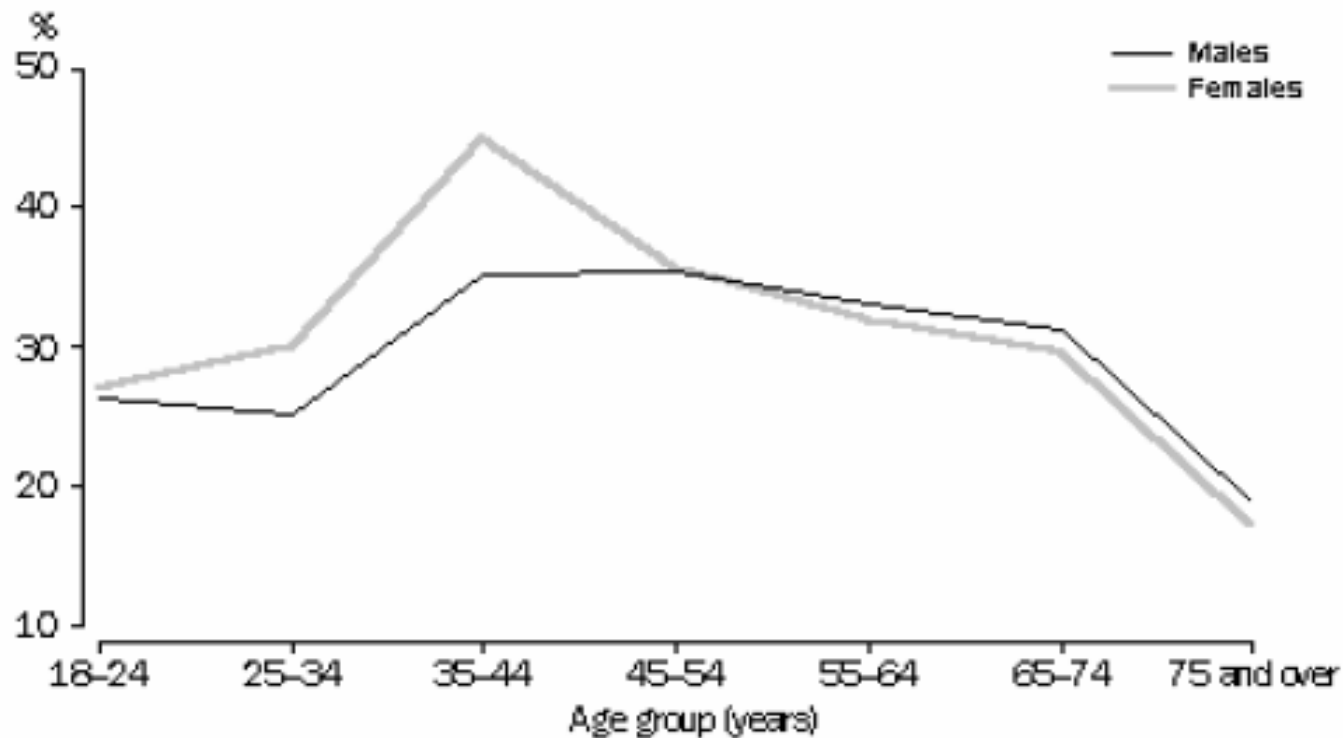


Workforce Participation rates to 2016



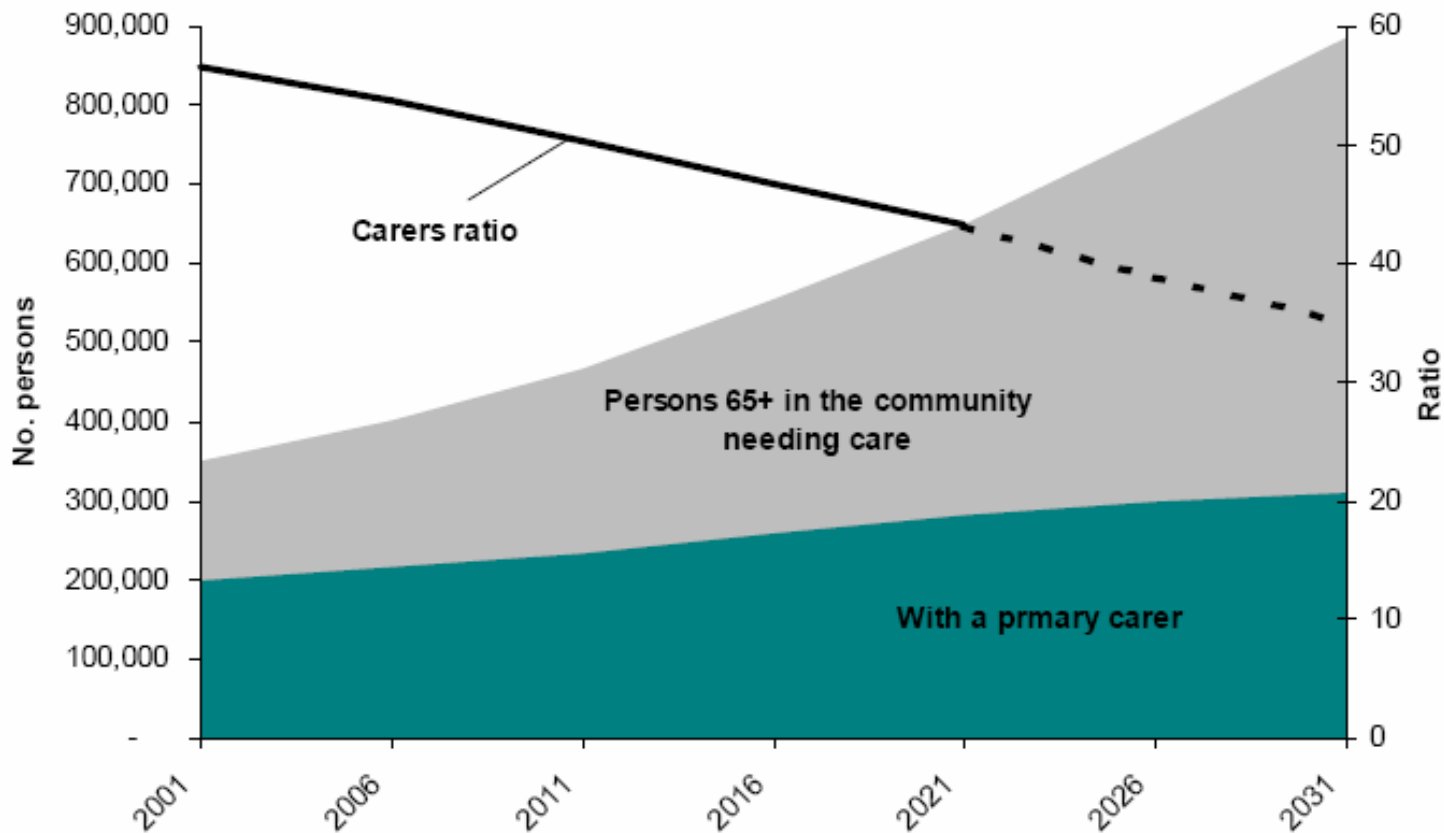
Source: Australian Bureau of Statistics, *Labour Force Projections, Australia, 1999-2016*, catalogue 6260.0

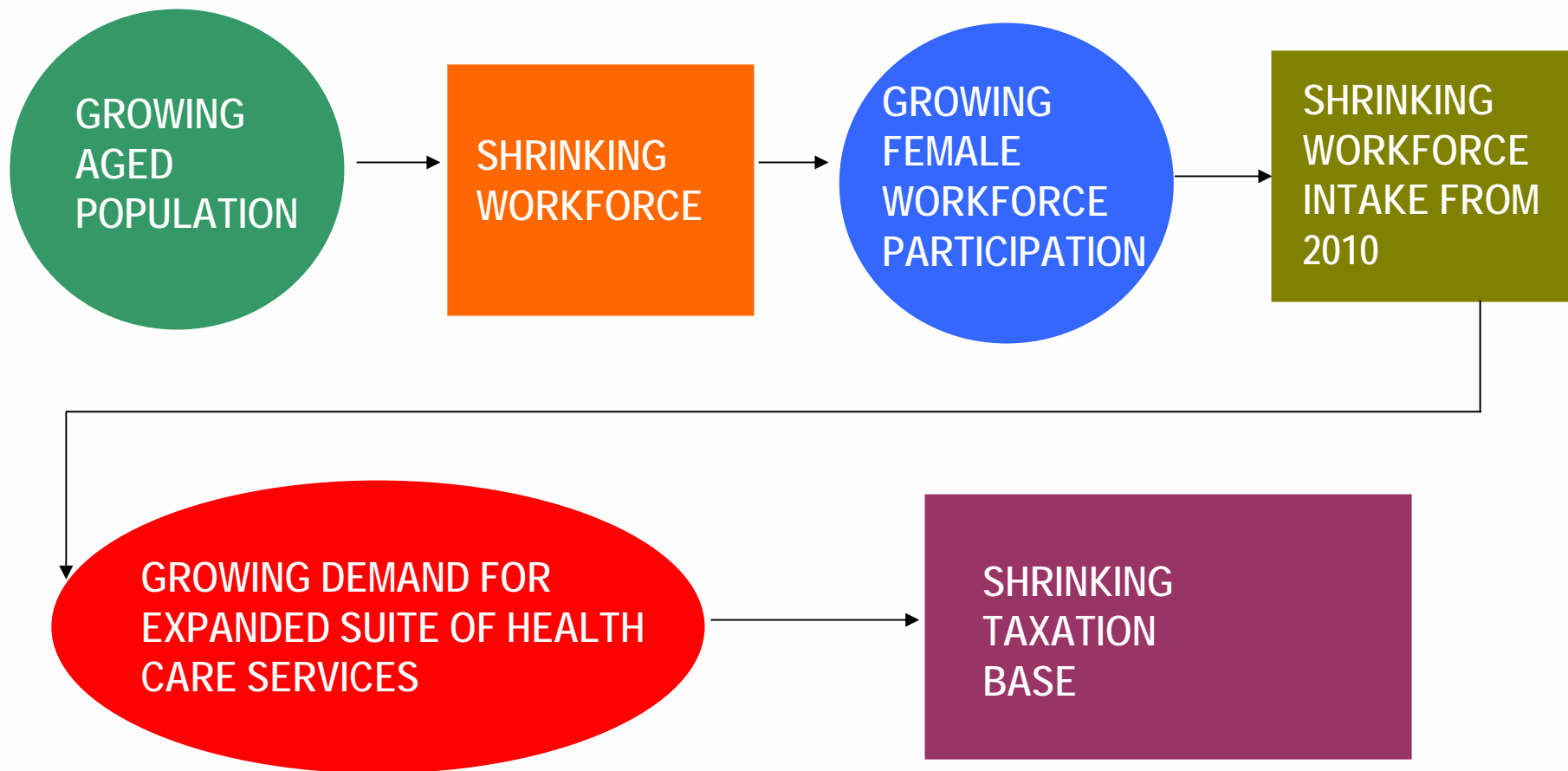
Voluntary work in Australia in 2000 showing age and sex



Source: ABS Voluntary Work Australia June 2001 (Cat No. 4441.0)

Projected caring circumstances of persons aged 65 and over with a profound or severe disability, Australia 2001-2031 – NATSEM projected simulations





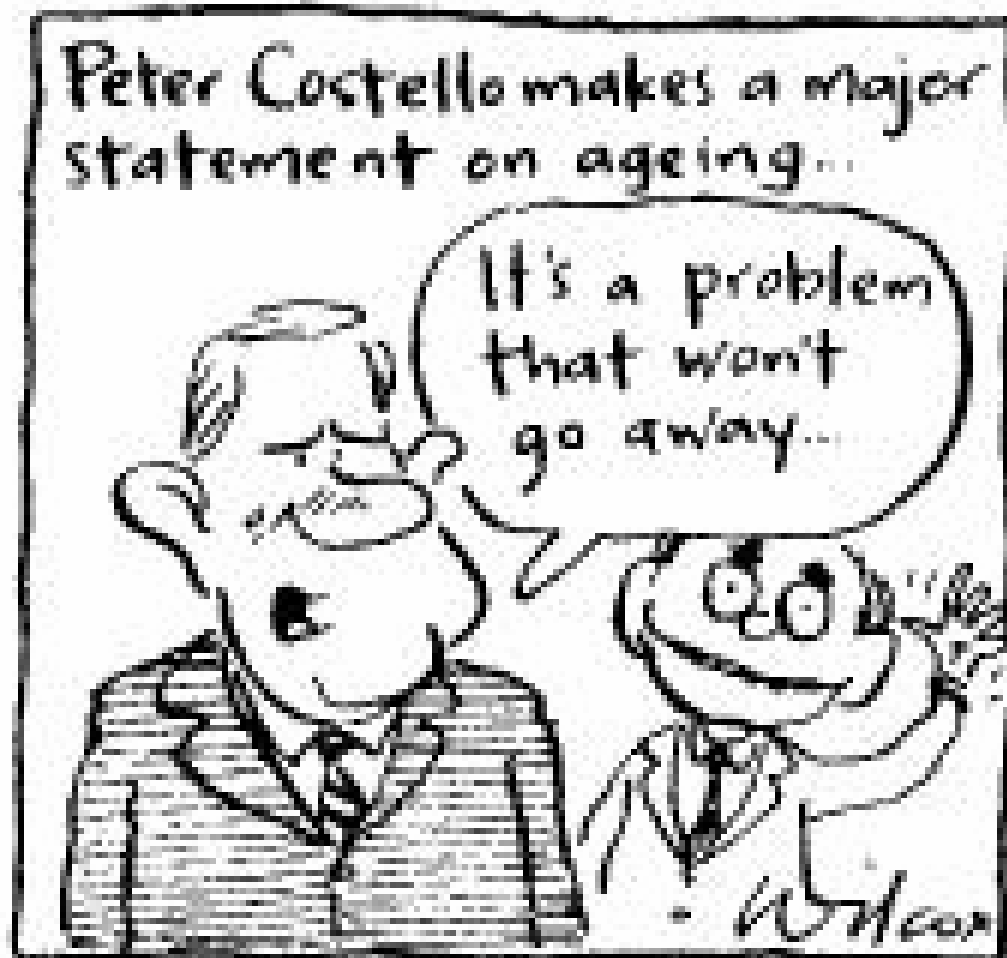






IS THERE A SOLUTION?







Providing a secure collaborative hospital environment



Enabling efficient, collaborative radiology services



Improving the safety and quality of aged care



Supporting effective tools and secure access in general practice





- WORKFORCE
- SUSTAINABILITY
- NEW STRUCTURES



WORKFORCE

- AGED CARE CONSIDERS ITSELF A STAND ALONE INDUSTRY
- WANTS TO DEVELOP STRATEGIES SEPARATE FROM BROADER HEALTH SYSTEM
- NATIONAL REGISTRATION AND WORKFORCE PLANNING OF ALL HEALTH PROFESSIONS



SUSTAINABILITY

- CHANGING DEMOGRAPHIC
- CHANGING CARER SUPPORT
- CHANGING RECRUITMENT
- CHANGING TAX BASE
- ALL LEAD TO CONCLUSION SUSTAINING EXISTING SYSTEM PROBLEMATIC



NEW STRUCTURES

- IT INFRASTRUCTURE
- EXPANDING CLINICAL NURSE ROLE
- CENTRAL REGISTRATION AND LICENSING
- CENTRAL FUNDING AND POLICY SETTING FRAMEWORK
- WORK TO REMOVE PROGRAMME SILOS



NEW STRUCTURES cont'd

- FUNDING DRIVERS TO FOCUS ON CLINICAL OUTCOMES
- FUNDING DRIVERS TO HAVE A BROAD POPULATION HEALTH OBJECTIVE



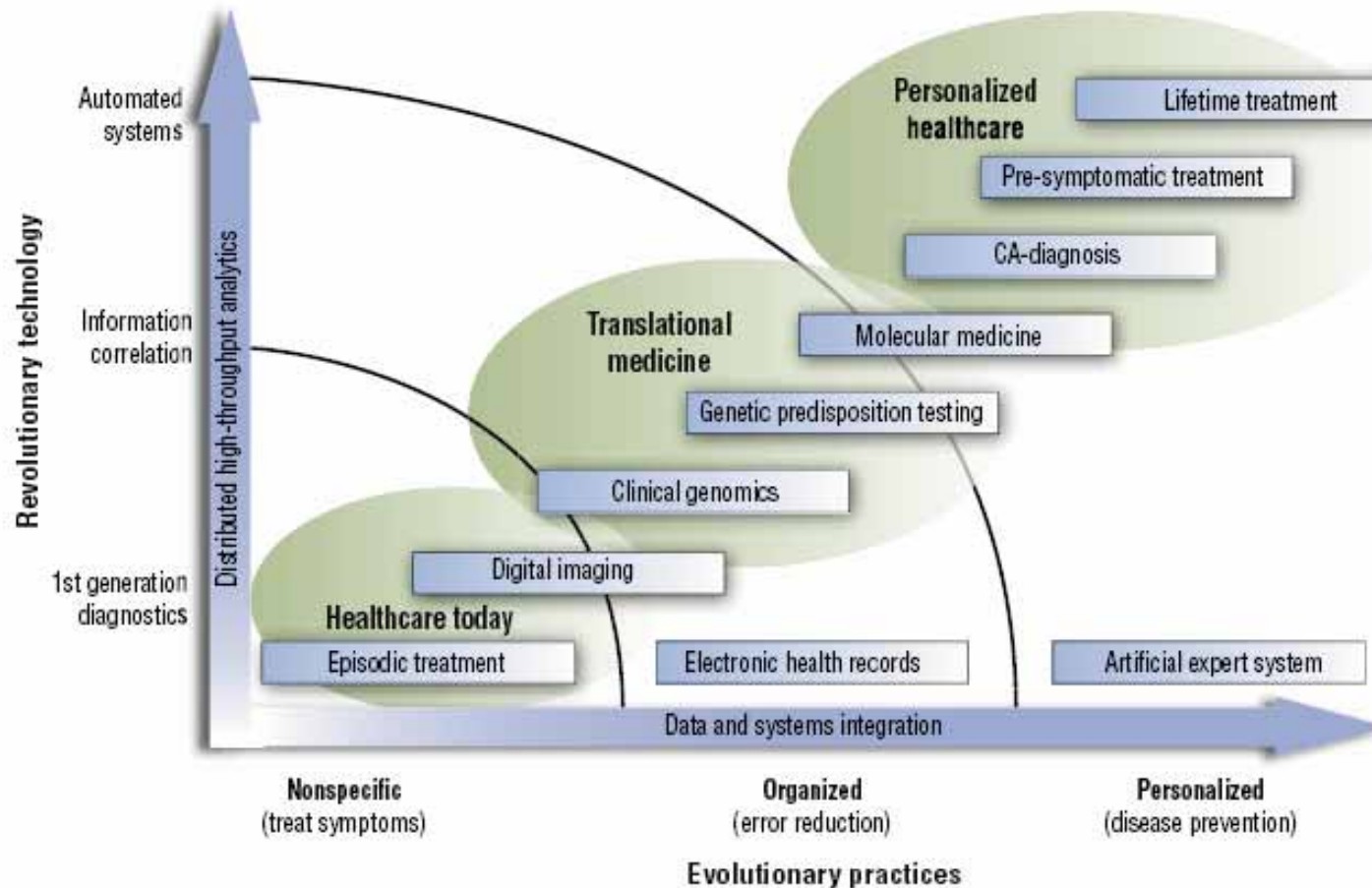
WHAT WOULD BETTER INTEGRATION DELIVER?

- ACCESS TO GP'S
- IMPROVED SERVICE DELIVERY
- REDUCED COSTS ASSOCIATED WITH UNNECESSARY ADMISSIONS
- BETTER SERVICE REGIME





Figure 1: Market trends and drivers: revolutionary technologies and evolutionary practices.



Source: IBM Life Sciences Solutions



Aged Care
Association Australia

THANK YOU